



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Jay Castle, Treasurer
David Wu for Congress
921 S. W. Morrison, Suite 310
Portland, OR 97205

JAN 12 1999

Identification Number: C00329292

Reference: 30 Day Post-General Report (10/15/98-11/23/98)

Dear Mr. Castle:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Column B figures for the Summary and Detailed Summary Pages should equal the sum of the Column B figures on your previous report and the Column A figures on this report. Please file an amendment to your report to correct the Column B discrepancies for Line(s) 7(a), 7(c), 11(d), 17 and 22 and any subsequent report(s) which may be affected by this correction. Note that Column B should reflect only the year-to-date totals for the calendar year 1998.

-Please provide the omitted figure(s) for Column B, Line 11(a)(iii) and Columns A and B, Lines 13(c), 19(c) and 20(d) of the Detailed Summary Page.

-Line 11(c), Column A, of the Detailed Summary Page discloses \$126,353 in receipts. Schedule A supporting Line 11(c) itemizes \$130,853 in receipts. These amounts should be the same. Please correct this discrepancy and file an amendment to your report(s). (11 CFR §104.3(a))

-Schedule D of your report itemizes debts with outstanding beginning balances; however, these debts were not included on your previous report. Please refer to Section 104.11(b) of the FEC Regulations and file an amendment to your report(s).

-Your calculations for debts on Schedule D are incorrect (Outstanding Balance Beginning This Period + Amount Incurred This Period - Payment This Period = Outstanding Balance at Close of This Period). Please amend your report to correct the discrepancies for the following debts:

Mark Kornblau
Sarah Wiecks
Gunther Oakley
Jill Riverman
Virginia Burdick
Fordham and Fordham

-Debt payments for this period (Schedule D) are greater than the payments itemized on Schedule B. Each expenditure to a person which in the aggregate is greater than \$200 for the calendar year must be reported on Schedule B. "Person" includes an individual, partnership, corporation, association, and public or private organization -- other than an agency of the United States Government. Please correct the discrepancies in the payments made to Susan Henningsen and file an amendment to your report. (11 CFR §§104.3(b)(4)(i)(A) and 100.10)

-On Schedule B of your report, you have itemized disbursements for which you have failed to include the complete address. Please amend your report to include the missing information. (11 CFR §104.3(b)(4))

-Schedule B of your report discloses expenditures to the following credit card companies: Citibank Visa, First USA Visa, Visa First Card and Delta Skymiles American Express Card. When itemizing payments made to credit card companies you must list the name and address of the original vendor from which you purchased an item or a service. You should also show the date, the amount, and the purpose of the payment if you have paid in excess of \$200 this current year to the vendor. (11 CFR §104.9)

-Schedule B of your report discloses reimbursements to individuals for transactions other than travel, meals and lodging. Please be advised that when itemizing reimbursements to individuals for goods or services, if the payment to the original vendor aggregates in excess of \$200 in a calendar year, a memo entry including the name and address of the original vendor, as well as the date, amount and purpose of the original purchase must be provided. Please amend your report to include the missing information. (11 CFR § 104.9)

-Schedule C of your report fails to include information required by Commission Regulations. You must provide the date incurred, the original source and amount of the loan, the due date, the interest rate, the cumulative payment, and the outstanding balance. In addition, if there are any endorsers or guarantors, their mailing address along with the name of their employer and occupation must be disclosed. Please amend your report to include the date incurred, the due date and the interest rate. (11 CFR §§100.7(a)(1) and 104.3(d))

-When a committee reports receiving a loan from the candidate, it is necessary to clarify whether or not the candidate used personal funds or borrowed the money from a lending institution or some other source. If the candidate borrowed funds from a lending institution, or other source, please provide the name of the lending institution and the complete terms of the loan. Additionally, for loans from a lending institution, you must file an FEC FORM C-1 (copy attached) and a copy of the loan agreement. If the loan(s) was from personal funds, please acknowledge that fact in an amendment to this report. It is important to note that "personal funds" is strictly defined by Commission Regulations. See 11 CFR §110.10. (11 CFR §§100.7(a)(1) and 104.3(d))

-Schedule D of your report fails to supply certain information. Commission Regulations require the full name and mailing address of each creditor, the outstanding balance at the beginning and end of the reporting period, the amount incurred during this period, any payment made during this period, and the nature or purpose of each debt. All debts must be reported until extinguished or settled. Please amend your report to include complete address of each creditor and the purpose of each debt. (11 CFR §104.11)

-Schedule A of your report discloses a contribution(s) which appears to exceed the limits set forth in the Act (copies attached). You should examine all of your contributions to check for additional excessives. The Committee's procedures for processing contributions should also be reviewed.

An individual or a political committee other than a qualified multicandidate committee may not make a contribution to a candidate for federal office in excess of \$1,000 per election. A qualified multicandidate committee and all affiliated committees may not make a contribution(s) to a candidate for federal office in excess of \$5,000 per election. The term "contribution"

includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441a(a) and (f); 11 CFR §110.1(b), (e) and (k))

If the contribution(s) in question was not completely or correctly reported, you should amend your original report using the new or corrected information. If the contribution(s) exceeds the limits, you should either refund to the donor the amount in excess of \$1,000, or request a written redesignation and/or reattribution of the contribution(s) from the donor. All refunds, redesignations, and reattributions must be made within sixty days of receipt of the contribution. Copies of refund checks and copies of letters reattributing or redesignating the contributions in question may be used to respond to this letter. Refunds are reported on Line 20 of the Detailed Summary Page and on a supporting Schedule B of the report covering the period in which they are made. Redesignations and reattributions are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation and/or reattribution is received. (11 CFR §104.8(d)(2), (3) and (4))

The acceptance of excessive contributions is a serious problem. Again, the committee's procedures for processing contributions should be examined and corrected in order to avoid this problem. Although the Commission may take further legal action, prompt action by you to refund or seek redesignation and/or reattribution of the excessive amount will be considered.

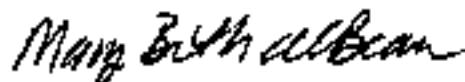
-A review of your itemized receipts indicates a discrepancy in your aggregate year-to-date totals. The reported aggregate totals on your report should include all contributions from an individual or committee given in the calendar year 1998. Please review your procedures for compliance with this requirement and amend your report(s) as necessary.

-Schedule A of your report indicates that your committee may have failed to file one or more of the required 48 hour notices regarding "last minute" contributions received by your committee after the close of books for the 12 Day Pre-General Report. A principal campaign committee must notify the Commission, in writing, within 48 hours of any contribution of \$1,000 or more received between two and twenty days before an election. These contributions are then reported on the next report required to be filed by the committee.

To ensure that the Commission is notified of last minute contributions of \$1,000 or more to your campaign, it is recommended that you review your procedures for checking contributions received during the aforementioned time period. Although the Commission may take legal action, any response you wish to provide concerning this matter will be considered. (11 CFR §104.5(f))

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,



Mary Beth deBeau
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 24

FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

David Wu For Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rory K. Little 148 Bret Harte Road San Rafael, California 94901	University of California	10/17/97	200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): X	Occupation Professor Aggregate Year-to-Date > \$ 200		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Bartlett 50 Central Park West, Apt 11-C New York, New York 10023	Resource Holdings	10/14/97	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Finance Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sam Pieh 14000 Stampher Road Lake Oswego, Oregon 97034	Dain Bosworth	10/16/97	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Financial Advisor Aggregate Year-to-Date > \$ 250		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Pieh 14000 Stampher Road Lake Oswego, Oregon 97034		10/16/97	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker Aggregate Year-to-Date > \$ 250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory M. Gallo 572 Ringwood Avenue Menlo Park, California 94025	Gray Cary	10/21/97	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark W. Gazeley 4510 S.W. 60th Place Portland, Oregon 97221	Chaence Consult.	11/13/97	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant Aggregate Year-to-Date > \$ 250		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George T. Aratani 2946 Lakeridge Drive Hollywood, California 90068	Mikasa	11/17/97	300
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman Emeritus Aggregate Year-to-Date > \$ 300		

SUBTOTAL of Receipts This Page (optional)

2250

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER
11a

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NAME OF COMMITTEE (in Full)

DAVID WU FOR CONGRESS

C00329292

A. Full Name, Mailing Address and ZIP Code

Carol Emory
1 SW Columbia Ste 1990
Portland OR 97201

Receipt For: Primary General
 Other (specify):

Name of Employer

Self

Date (month,
day, year)

4/25/98

Amount of Each
Receipt this Period100⁰⁰

B. Full Name, Mailing Address and ZIP Code

Harry Fox
333 Nita Ave
Mt View CA 94043

Receipt For: Primary General
 Other (specify):

Name of Employer

Aufmuth, Fox, Head & Co

Date (month,
day, year)

4/29/98

Amount of Each
Receipt this Period200⁰⁰

C. Full Name, Mailing Address and ZIP Code

James Fun
11894 SW Aspen Ridge Dr
Tigard OR 97224

Receipt For: Primary General
 Other (specify):

Name of Employer

Washington Co.

Date (month,
day, year)

4/28/98

Amount of Each
Receipt this Period100⁰⁰

D. Full Name, Mailing Address and ZIP Code

Mark Funk
6526 18th Ave
Seattle WA 98115

Receipt For: Primary General
 Other (specify):

Name of Employer

Self

Date (month,
day, year)

4/29/98

Amount of Each
Receipt this Period150⁰⁰

E. Full Name, Mailing Address and ZIP Code

Gregory Gallo
575 Ringwood Ave
Menlo Park CA 94025

Receipt For: Primary General
 Other (specify):

Name of Employer

Gray Gary Ware

Date (month,
day, year)

4/18/98

Amount of Each
Receipt this Period250⁰⁰

F. Full Name, Mailing Address and ZIP Code

Steren Fugero
350 Parnassus Ave
San Francisco CA 94117

Receipt For: Primary General
 Other (specify):

Name of Employer

Self

Date (month,
day, year)

4/29/98

Amount of Each
Receipt this Period500⁰⁰

G. Full Name, Mailing Address and ZIP Code

Mark Goazley
4510 SW 60th Place
Portland OR 97231

Receipt For: Primary General
 Other (specify):

Name of Employer

Chancce Consulting

Date (month,
day, year)

4/29/98

Amount of Each
Receipt this Period125⁰⁰

SUBTOTAL of Receipts This Page (optional) _____

1425

TOTAL This Period (last page this line number only) _____

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 9 OF 9
FOR LINE NUMBER
11 (a)(i)

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NAME OF COMMITTEE (In Full):

David Wu for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ting-Hu Shaw 3556 Cool Heights Drive Rancho Palos Verdes, CA 90275	Tai Fung Trading Co.	4/28/98	1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Trader	Aggregate Year-to-Date > \$ 2,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Fugaro 350 Parnassus Avenue San Francisco, CA 94177	Self	4/29/98	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 1,250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Reinmiller 521 SW Clay Portland, OR 97201	Self	4/29/98	625
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Property Managem't	Aggregate Year-to-Date > \$ 1,625	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Sikes 5414 SW Dover Portland, OR 97225	Self	4/29/98	125
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 0	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 0	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 0	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 0	
SUBTOTAL of Receipts This Page (optional):			2,000
TOTAL This Period (last page this line number only):			17,479

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 42
FOR LINE NUMBER
11ac

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NAME OF COMMITTEE (In Full)

DAVID WU FOR CONGRESS

C00329292

A. Full Name, Mailing Address and ZIP Code

Robert Friedman
2275 Summit Drive
Hillsborough CA 94010

Receipt For: Primary General
 Other (specify):

Name of Employer

C.F.E.D.

Date (month,
day, year)

10/23/98

Amount of Each
Receipt this Period

1,000

B. Full Name, Mailing Address and ZIP Code

Steven Fugaro
350 Parkassus Ave #410
San Francisco CA 94117

Receipt For: Primary General
 Other (specify):

Name of Employer

Self

Date (month,
day, year)

10/19/98

Amount of Each
Receipt this Period

500

C. Full Name, Mailing Address and ZIP Code

Mark Funk
6526 18th Avenue, NE
Seattle WA 98115

Receipt For: Primary General
 Other (specify):

Name of Employer

Pacific Public Affairs

Date (month,
day, year)

10/19/98

Amount of Each
Receipt this Period

150

D. Full Name, Mailing Address and ZIP Code

Gregory Gallo
572 Redwood Ave.
Menlo Park CA 94025

Receipt For: Primary General
 Other (specify):

Name of Employer

Gray, Cary, Ware

Date (month,
day, year)

10/23/98

Amount of Each
Receipt this Period

500

E. Full Name, Mailing Address and ZIP Code

Mark Gardiner
910 SW Canning Street
Portland OR 97201

Receipt For: Primary General
 Other (specify):

Name of Employer

Clancy Gardiner &
PierceDate (month,
day, year)

10/20/98

Amount of Each
Receipt this Period

1,000

F. Full Name, Mailing Address and ZIP Code

William Gaylord
3630 NE Merges Dr.
Portland OR 97212

Receipt For: Primary General
 Other (specify):

Name of Employer

Self

Date (month,
day, year)

10/20/98

Amount of Each
Receipt this Period

500

G. Full Name, Mailing Address and ZIP Code

Michael Gold
13240 NW Lovejoy
Portland OR 97229

Receipt For: Primary General
 Other (specify):

Name of Employer

O.G.I.

Date (month,
day, year)

10/20/98

Amount of Each
Receipt this Period

100

SUBTOTAL of Receipts This Page (optional):

3,750

TOTAL This Period (last page this line number only):

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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1267
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

DAVID Wu FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

Mike Kopetski
517 Colicroft Ct
Alexandria VA 22314

Receipt For: Primary General
 Other (specify):

Name of Employer

Self

Date (month,
day, year)
9/5/98

Amount of Each
Receipt this Period
500

Occupation

Int'l Trade Consultant

Aggregate Year-to-Date > \$ 500

B. Full Name, Mailing Address and ZIP Code

Alice Kreisle
23800 SE Scott Ridge Terr
Sherwood, OR 97140

Receipt For: Primary General
 Other (specify):

Name of Employer

New Registration
Program

Date (month,
day, year)
9/21/98

Amount of Each
Receipt this Period
300

Occupation

Activist

Aggregate Year-to-Date > \$ 500

C. Full Name, Mailing Address and ZIP Code

Tsing Hsien Kung
553 Mimosa Ct
Los Altos, CA 94024

Receipt For: Primary General
 Other (specify):

Name of Employer

AXT

Date (month,
day, year)
9/14/98

Amount of Each
Receipt this Period
1000

Occupation

Manager

Aggregate Year-to-Date > \$ 1000

D. Full Name, Mailing Address and ZIP Code

Nicole Kurosaki
4444 NW Yeon Ave
Portland, OR 97210

Receipt For: Primary General
 Other (specify):

Name of Employer

requested

Date (month,
day, year)
9/14/98

Amount of Each
Receipt this Period
250

Occupation

Manager

Aggregate Year-to-Date > \$ 250

E. Full Name, Mailing Address and ZIP Code

Yoshio Kurosaki
4444 NW Yeon Ave
Portland OR 97210

Receipt For: Primary General
 Other (specify):

Name of Employer

Summit Properties

Date (month,
day, year)
9/14/98

Amount of Each
Receipt this Period
250

Occupation

Executive

Aggregate Year-to-Date > \$ 500

F. Full Name, Mailing Address and ZIP Code

Munson Kwok
5474 W 76th St
Los Angeles, CA 90045

Receipt For: Primary General
 Other (specify):

Name of Employer

requested

Date (month,
day, year)
9/30/98

Amount of Each
Receipt this Period
250

Occupation

Manager

Aggregate Year-to-Date > \$ 250

G. Full Name, Mailing Address and ZIP Code

Dr. Catherine Lechi
2060 SW Roxbury Ave
Portland, OR 97225

Receipt For: Primary General
 Other (specify):

Name of Employer

requested

Date (month,
day, year)
9/30/98

Amount of Each
Receipt this Period
200

Occupation

Manager

Aggregate Year-to-Date > \$ 200

SUBTOTAL of Receipts This Page (optional)

1,950

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1A OF 12
FOR LINE NUMBER
11ac

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NAME OF COMMITTEE (in Full)

DAVID WU FOR CONGRESS

C00329292

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward King 30414 Le Bleu Road Eugene OR 97405	King Estate Winery	10/19/98	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 2,032,37	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward King — See above —	King Estate Winery	10/19/98	1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 2,032,37	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marie Ko 995 Pocatello Avenue Sunnyvale CA 94087	Requested	10/30/98	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nai Nan Ko 27 Huckleberry Hill Lincoln MA 02138	Toyota of Wellesley	10/27/98	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businessman	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mike Kopetski 517 Colecroft Court Alexandria VA 22314	US Govt.	10/23/98	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation U.S Representative	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hsing Hsien Kung 553 Mimosa Ct. Los Altos CA 94024	American X-Tal Technology	10/22/98	600
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior V.P.	Aggregate Year-to-Date > \$ 1,600	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hsing Hsien Kung — See above —	American X-Tal Technology	10/22/98	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP	Aggregate Year-to-Date > \$ 1,600	

SUBTOTAL of Receipts This Page (optional)

4,800

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 11 OF 22
FOR LINE NUMBER
(a)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

DAVID Wu FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

Bobby Martin
2304 Co. Road 913
Joshua, TX 76058Receipt For: Primary General Other (specify):

Name of Employer

Requested

Date (month,
day, year)

4/16/98

Amount of Each
Receipt this Period

250

B. Full Name, Mailing Address and ZIP Code

Bobby Martin
2304 Co. Road 913
Joshua, TX 76058Receipt For: Primary General Other (specify):

Name of Employer

Requested

Date (month,
day, year)

6/30/98

Amount of Each
Receipt this Period

50

C. Full Name, Mailing Address and ZIP Code

Myra Martin
2304 Co. Road 913
Joshua, TX 76058Receipt For: Primary General Other (specify):

Name of Employer

Requested

Date (month,
day, year)

4/16/98

Amount of Each
Receipt this Period

250

D. Full Name, Mailing Address and ZIP Code

Myra Martin
2304 Co. Road 913
Joshua, TX 76058Receipt For: Primary General Other (specify):

Name of Employer

Requested

Date (month,
day, year)

6/30/98

Amount of Each
Receipt this Period

50

E. Full Name, Mailing Address and ZIP Code

Stephen McCarthy
1646 NW 32nd
Portland OR 97210Receipt For: Primary General Other (specify):

Name of Employer

Requested

Date (month,
day, year)

6/13/98

Amount of Each
Receipt this Period

500

F. Full Name, Mailing Address and ZIP Code

Lucinda McCarthy
1646 NW 32nd
Portland OR 97210Receipt For: Primary General Other (specify):

Name of Employer

Requested

Date (month,
day, year)

6/13/98

Amount of Each
Receipt this Period

500

G. Full Name, Mailing Address and ZIP Code

Winthrop McCormack
12230 SW Edgecliff Road
Portland OR 97219Receipt For: Primary General Other (specify):

Name of Employer

Requested

Date (month,
day, year)

6/24/98

Amount of Each
Receipt this Period

1,000

SUBTOTAL of Receipts This Page (optional) _____

2,600

TOTAL This Period (last page this line number only) _____

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 24 OF 42
FOR LINE NUMBER
11a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DAVID WU FOR CONGRESS

C00329292

A. Full Name, Mailing Address and ZIP Code

John Marks
668 SW Palatine Hill Rd
Portland OR 97219

Receipt For: Primary General
 Other (specify):

Name of Employer

Retired

Date (month,
day, year)

10/17/98

Amount of Each
Receipt this Period

500

B. Full Name, Mailing Address and ZIP Code

Robert Martinez
104 Dulany Place
Falls Church VA 22046

Receipt For: Primary General
 Other (specify):

Name of Employer

Requested

Date (month,
day, year)

10/29/98

Amount of Each
Receipt this Period

500

C. Full Name, Mailing Address and ZIP Code

Lucinda McCarthy
1646 NW 32nd
Portland OR 97210

Receipt For: Primary General
 Other (specify):

Name of Employer

Self

Date (month,
day, year)

10/26/98

Amount of Each
Receipt this Period

1000

D. Full Name, Mailing Address and ZIP Code

Elizabeth McKenna
7445 SW Kelly
Portland OR 97219

Receipt For: Primary General
 Other (specify):

Name of Employer

Bennet Hartman & Reynolds

Date (month,
day, year)

10/23/98

Amount of Each
Receipt this Period

200

E. Full Name, Mailing Address and ZIP Code

Walter McMonies
2851 SW Montgomery Dr.
Portland OR 97201

Receipt For: Primary General
 Other (specify):

Name of Employer

Bogle & Gates

Date (month,
day, year)

10/20/98

Amount of Each
Receipt this Period

500

F. Full Name, Mailing Address and ZIP Code

Lora Meyer
2764 SW Summit Dr.
Portland OR 97201

Receipt For: Primary General
 Other (specify):

Name of Employer

Self

Date (month,
day, year)

10/30/98

Amount of Each
Receipt this Period

100

G. Full Name, Mailing Address and ZIP Code

Mary Meyer
4915 SW Barnes Rd.
Portland OR 97221

Receipt For: Primary General
 Other (specify):

Name of Employer

Retired

Date (month,
day, year)

10/11/98

Amount of Each
Receipt this Period

500

SUBTOTAL of Receipts This Page (optional)

3,300

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Debted Summary Page

PAGE 12 OF 11
FOR LINE NUMBER
11C

Any information copied from such Receipts and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

DAVID WU FOR CONGRESS

CO0329292

A. Full Name, Mailing Address and ZIP Code

Rangel for 106th Congress
PO Box 5577
New York, NY 10027

Receipt For: Primary General
 Other (specify):

Name of Employer

Campaign

Date (month,
day, year)

10/30/98

Amount of Each
Receipt this Period

4,000

B. Full Name, Mailing Address and ZIP Code

Rhode Island PAC
530 7th St SE
Washington, DC 20003

Receipt For: Primary General
 Other (specify):

Name of Employer

PAC

Date (month,
day, year)

10/30/98

Amount of Each
Receipt this Period

500

C. Full Name, Mailing Address and ZIP Code

Sailors' Union of the Pacific
450 Harrison St
San Francisco, CA 94105

Receipt For: Primary General
 Other (specify):

Name of Employer

PAC

Date (month,
day, year)

10/30/98

Amount of Each
Receipt this Period

250

D. Full Name, Mailing Address and ZIP Code

Scott for Congress
PO Box 251
Newport News, VA 23607

Receipt For: Primary General
 Other (specify):

Name of Employer

Campaign

Date (month,
day, year)

10/24/98

Amount of Each
Receipt this Period

500

E. Full Name, Mailing Address and ZIP Code

Seafarers Political Activity
5201 Anah Way
Camp Springs, MD 20746

Receipt For: Primary General
 Other (specify):

Name of Employer

PAC

Date (month,
day, year)

10/26/98

Amount of Each
Receipt this Period

500

F. Full Name, Mailing Address and ZIP Code

Sheila Jackson Lee for Congress
3401 La Branch
Houston, TX 77004

Receipt For: Primary General
 Other (specify):

Name of Employer

Campaign

Date (month,
day, year)

10/26/98

Amount of Each
Receipt this Period

1,000

G. Full Name, Mailing Address and ZIP Code

Sierra Club Political Committee
85 Second St, 2nd Floor
San Francisco, CA 94108

Receipt For: Primary General
 Other (specify):

Name of Employer

PAC

Date (month,
day, year)

10/19/98

Amount of Each
Receipt this Period

1,000

SUBTOTAL of Receipts This Page (optional)

7,750

TOTAL This Period (last page this line number only)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL)	FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)	AMOUNT OF LOAN	INTEREST RATE (APR)
	DATE INCURRED OR ESTABLISHED	DATE DUE

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?

No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account

established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER

TYPED NAME _____ SIGNATURE _____ DATE _____

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE	TITLE	DATE
TYPED NAME	SIGNATURE	

